

North Carolina
Department of Health and Human Services
Division of Medical Assistance
Facility & Community Care
2501 Mail Service Center - Raleigh, N.C. 27699-2501

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

L. Allen Dobson, Jr., M.D., Assistant Secretary
for Health Policy and Medical Assistance

Date: May 3, 2007
Attention: CAP/C Supervisors, Case Managers, and Staff
From: Division of Medical Assistance, CAP/C Unit
Regarding: Updates to the CAP/C Manual

For your convenience, we are providing CAP/C updates which will be placed within the online CAP/C Provider Manual. The goal is to improve distribution of information that we would normally include in memos throughout the year. Please take note of these changes along with some new resources. To view these changes please access the CAP/C Manual at <http://www.ncdhhs.gov/dma/cc/capc.htm>. You will find the following information:

- An updated county consultant list and contact information for CAP/C staff
This list will change soon as our newest consultant completes training and another new consultant is hired.
- An update to page 10-13 of the CAP/C Manual
Please note the change in the web address for the enteral nutrition product classification list.
- An update to Illustration 10-2 of the CAP/C Manual.
Please note the changes to the payor source for school-based services.
- A CDSA (Early Intervention) fee schedule
Although it states fiscal year 2005-2006, the new fee schedule has not come out yet.
- A guide listing commonly used formulas and information needed in determining their cost
Please note that this is only a guide, as the information in it is subject to change.
- Miscellaneous reminders and information
- A handout regarding schools, CAP/C, and Medicaid
- Review criteria for initials, CNRs, and revisions
These are checklists containing the items that the Nurse Consultants look for when they are reviewing the paperwork you submit. These checklists are very similar to our own internal quality assurance forms which are based on state and waiver regulations. You might find them helpful when training new staff.
- A handout which lists the various things that should be discussed and documented during your monthly home visit or telephone contact with the family.

Please review this information thoroughly and add it to your manual. Contact your CAP/C Nurse Consultant if you have any questions. Thank you for all that you do.

Be sure to read about the new Uniform Screening Tool coming out later this year in the May Medicaid Bulletin! The referral and FL2 process will totally change when we implement the MUST tool. Also, watch for some new Quality Management information for CAP/C.

CAP/C COUNTY CONSULTANT LIST

COUNTY	CONSULTANT	COUNTY	CONSULTANT
ALAMANCE	Sandra Mangum	JOHNSTON	Patricia Miller
ALEXANDER	Sandra Mangum	JONES	Patricia Miller
ALLEGHANY	DD/Patricia Miller	LEE	Sandra Mangum
ANSON	Linda Provanzo	LENOIR	Patricia Miller
ASHE	Sandra Mangum	LINCOLN	Sandra Mangum
AVERY	Sandra Mangum	MACON	Sandra Mangum
BEAUFORT	Patricia Miller	MADISON	DD/Patricia Miller
BERTIE	Patricia Miller	MARTIN	Linda Provanzo
BLADEN	DD/Jennifer Brest	MCDOWELL	Linda Provanzo
BRUNSWICK	DD/Patricia Miller	MECKLENBURG	Linda Provanzo
BUNCOMBE	DD/Patricia Miller	MITCHELL	DD/Jennifer Brest
BURKE	Sandra Mangum	MONTGOMERY	Sandra Mangum
CABARRUS	DD/Jennifer Brest	MOORE	Sandra Mangum
CALDWELL	Sandra Mangum	NASH	Linda Provanzo
CAMDEN	Patricia Miller	NEW HANOVER	DD/Jennifer Brest
CARTERET	Patricia Miller	NORTHAMPTON	Patricia Miller
CASWELL	Sandra Mangum	ONslow	DD/Patricia Miller
CATAWBA	Sandra Mangum	ORANGE	DD/Jennifer Brest
CHATHAM	Sandra Mangum	PAMLICO	Patricia Miller
CHEROKEE	DD/Patricia Miller	PASQUOTANK	Patricia Miller
CHOWAN	Patricia Miller	PENDER	DD/Jennifer Brest
CLAY	Sandra Mangum	PERQUIMANS	Patricia Miller
CLEVELAND	Patricia Miller	PERSON	DD/Patricia Miller
COLUMBUS	DD/Jennifer Brest	PITT	Patricia Miller
CRAVEN	Patricia Miller	POLK	DD/Patricia Miller
CUMBERLAND	Patricia Miller	RANDOLPH	Linda Provanzo
CURRITUCK	Patricia Miller	RICHMOND	Sandra Mangum
DARE	Patricia Miller	ROBESON	Sandra Mangum
DAVIDSON	Sandra Mangum	ROCKINGHAM	Patricia Miller
DAVIE	Sandra Mangum	ROWAN	DD/Jennifer Brest
DUPLIN	Patricia Miller	RUTHERFORD	Patricia Miller
DURHAM	DD/Patricia Miller	SAMPSON	Sandra Mangum
EDGEcombe	Patricia Miller	SCOTLAND	Sandra Mangum
FORSYTH	Patricia Miller	STANLY	DD/Jennifer Brest
FRANKLIN	Patricia Miller	STOKES	Sandra Mangum
GASTON	Sandra Mangum	SURRY	Sandra Mangum
GATES	Patricia Miller	SWAIN	Sandra Mangum
GRAHAM	Sandra Mangum	TRANSYLVANIA	DD/Jennifer Brest
GRANVILLE	DD/Jennifer Brest	TYRRELL	Patricia Miller
GREENE	Patricia Miller	UNION	Linda Provanzo
GUILFORD	Linda Provanzo	VANCE	DD/Jennifer Brest
HALIFAX	Patricia Miller	WAKE	Jennifer Brest
HARNETT	Sandra Mangum	WARREN	DD/Jennifer Brest
HAYWOOD	Sandra Mangum	WASHINGTON	Patricia Miller
HENDERSON	DD/Patricia Miller	WATAUGA	Sandra Mangum
HERTFORD	Patricia Miller	WAYNE	DD/Patricia Miller
HOKE	Sandra Mangum	WILKES	Sandra Mangum
HYDE	Patricia Miller	WILSON	Patricia Miller
IREDELL	DD/Patricia Miller	YADKIN	Patricia Miller
JACKSON	Sandra Mangum	YANCEY	DD/Jennifer Brest

Effective 2/1/07

CONTACTING CAP/C STAFF

MAIN TELEPHONE NUMBERS				
Division of Medical Assistance			919 855 4260	
Clinical Policy			919 855 4380	
NAME	TITLE	E-MAIL	PHONE	FAX
Teresa Piezzo	Supervisor	teresa.piezzo@ncmail.net	919 855 4385	919 715 9025
Robert Dean	Administrative Assistant	robert.l.dean@ncmail.net	919 855 4380	919 715 9025
Sandra Mangum	CAP/C Consultant	sandra.f.mangum@ncmail.net	919 855 4392	919 715 9025
Jennifer Brest	Lead CAP/C Consultant	jennifer.brest@ncmail.net	919 855 4382	919 715 9025
Linda Provanzo	CAP/C Consultant	linda.provanzo@ncmail.net	919 855 4383	919 715 9025
Trish Miller	CAP/C Consultant	patricia.miller@ncmail.net	919 855 4386	919 715 9025
Carol Davis (temporary)	CAP/C Consultant	carol.c.davis@ncmail.net	919 855 4384	919 715 9025
Patricia Meyer	CAP/C Consultant	patricia.meyer@ncmail.net	919 855 4388	919 715 9025
vacant	CAP/C Consultant			919 715 9025

Most questions can be answered by referring to the CAP/C Manual. Please check the manual prior to calling your consultant. When you do need to contact a consultant, your first contact should always be the Consultant assigned to your county. If your Consultant is unavailable and your question can not wait until her return, one of the other Consultants will help you.

If you use e-mail to communicate with CAP/C staff, be aware that the State e-mail system is NOT secure. Please do not include patient names or other identifying information within the e-mail (you may use initials). You can include this information in a password-protected attachment:

Arrange with your Consultant (via telephone) a password for you to use.

Type and save your question/information as a Word document.

Go to Tools, click on the down arrow, and click on Options, then Security.

In the 'Password to open' box, enter the password, click OK, re-enter the password, click OK.

Click on File, Send To, Mail recipient (as attachment).

Open the email message and type the subject and body of your message.

Be aware, also, that emails are public record. They can be subpoenaed and used in court.

If you wish to contact us by telephone, our voice mail is confidential. Leaving a detailed voice mail message will ensure a more prompt and accurate response to your question. Our direct phone numbers are listed for your use only. If a recipient needs to call a Consultant directly, please give the recipient the 919 855 4380 number.

HOW TO ACCESS FEE SCHEDULES AND LIFETIME EXPECTANCIES/QUANTITY LIMITATIONS FOR SUPPLIES

To access fee schedules for:

CAP/C DME Home Health Home Infusion Therapy Hospice Orthotics and Prosthetics IPP

Go to <http://www.ncdhhs.gov/dma/>

Click “Provider Links”

Scroll down to “Publications”. Click on “Fee Schedules”.

Scroll down and click “Accept”.

Click on the desired fee schedule.

To access the mental health fee schedule, which includes the codes for Community Support Services and Developmental Therapy Services, go to <http://www.ncdhhs.gov/dma/fee/mhfee.htm>.

A copy of the fee schedule for Children’s Developmental Services Agencies (CSDA) may be obtained from the Division of Medical Assistance Financial Operations Section using the Fee Schedule Request Form. The form is available on DMA’s website at <http://www.ncdhhs.gov/dma/forms.html>.

To access the “Lifetime Expectancies and Quantity Limitations for DME”:

Go to <http://www.ncdhhs.gov/dma/>

Click “Provider Links”

Click on “Clinical Coverage Policies and Provider Manuals”

Scroll down to Number 5A, “Durable Medical Equipment”

Scroll down to “Attachment D” (towards the end of the manual)

To access the “Lifetime Expectancies and Quantity Limitations for O&P (Orthotics and Prosthetics)”:

Go to <http://www.ncdhhs.gov/dma/>

Click “Provider Links”

Click on “Clinical Coverage Policies and Provider Manuals”

Scroll down to Number 5B, “Orthotics and Prosthetics”

Scroll down to “Attachment D” (towards the end of the manual)

To access the “Enteral Nutrition Product Classification List”:

Go to <http://www3.palmettogba.com/dmecs/do/search>.

FEE SCHEDULES ARE UPDATED FREQUENTLY. YOU WILL BE ADVISED OF UPCOMING CHANGES VIA THE MEDICAID BULLETINS, AND MAY ACCESS THE UPDATED FEE SCHEDULES AS ABOVE.

Illustration 10-3 Fee Schedule/Quantity Limitations

GUIDELINES FOR COMPLETING THE COST SUMMARY

The following table excludes the use of private insurance. If private insurance is paying in whole or in part for a particular service or supply, the portion paid by the insurance is included in "Other", with the remainder included in Medicaid. Please indicate the percentage or amount of insurance copayment in the "Comments" section of the Plan of Care.

SERVICE	DO NOT COUNT	MEDICAID	OTHER	FEE SCHEDULE	COMMENTS
In-home therapy provided by a home health agency		X		Home Health	
In-home therapy not provided by a home health agency		X		IPP	If IPP codes are unknown or frequently change, you may use an estimated unit rate of \$53.81 per visit. Please indicate which unit rate you are using – IPP actual or IPP estimate.
In-school therapy			X	IPP	If IPP codes are unknown or frequently change, you may use an estimated unit rate of \$53.81 per visit. Please indicate which unit rate you are using – IPP actual or IPP estimate.
Outpatient therapy			X	IPP	If IPP codes are unknown or frequently change, you may use an estimated unit rate of \$53.81 per visit. Please indicate which unit rate you are using – IPP actual or IPP estimate.
In-school nursing services			X	CAP/C or actual price paid by school if known	Please indicate which unit rate you are using – CAP/C or school
Nurse or Nurse Aide services in a preschool or daycare	This is not a covered service under CAP/C				
Nurse to accompany client to college classes			X		Vocational Rehabilitation Services should be the primary payor. If they do not pay, Medicaid will cover or supplement.
Formula obtained through WIC			X	DME or actual price paid by WIC if known	Please indicate which unit rate you are using – DME or WIC
Tape	X				Recipients may still receive tape, and the provider agency may still bill for it, but it does not need to be indicated on the Cost Summary.
TPN		X		Home Infusion	Generally does not fit within cost limitations of CAP/C budget unless there is a third party payor.
Items provided by CSHS, when that item is on the DMA fee schedule		X		DME or Orthotics and Prosthetics, as applicable	
Items provided by CSHS, when that item is not on the DMA fee schedule			X	Price quoted to you by CSHS	For code, write CSHS. Includes car seats. Attach quote to cost summary.

Illustration 10-2 Cost Summary Instructions

SERVICE	DO NOT COUNT	MEDICAID	OTHER	FEE SCHEDULE	COMMENTS
Wheelchairs*	Follow the guidelines for CSHS items. Wheelchairs are the sum of many different components. If a component is on the DME fee schedule, count it under Medicaid. If it is not, count it as "Other", with the payer source being CSHS. The list of components and their codes is available from the provider agency. Be sure to get the state codes (e.g., K0108 is a miscellaneous code for many different wheelchair parts. You need to get the more specific "W" code that goes with it in order to determine what the Medicaid payment will be.)				
Early Intervention Services not billed to Medicaid			X	CDSA	Be sure that services are not duplicative. Case Management services for Early Intervention and CAP/C can not both be billed on the same client.
Early Intervention Services billed to Medicaid		X		CDSA	
Hospice Services		X			Be careful not to double bill - any services/supplies related to the terminal illness are covered under the per diem rate for the hospice, and would not be a separate item on your cost summary.
Home Infusion Therapy Services		X		Home Infusion	
Community Support Services		X		MH/DD/SA Attachment B	
Developmental Therapy Services			X	MH/DD/SA Attachment C	

* If the cost of a wheelchair or other equipment causes a recipient to lose services as a result of being over-budget, that cost will still be considered on the budget if the recipient reapplies for CAP/C within the one-year proration period.

Illustration 10-2 Cost Summary Instructions (continued)

Infant-Toddler Program Reimbursement Rate Schedule for ITP Providers

For Fiscal Year 2005-2006

Rates are subject to change, based on DMA rate changes.

Services in Italics may not be charged to families.

* Charges to families for CBRS apply only when provided over 20 units per month.

Service Description:	Procedure Codes:	Infant-Toddler Program Rate:	Service Description:	Procedure Codes:	Infant-Toddler Program Rate:
<i>Targeted Case Management - 15 min.</i>	T1017HI	29.30	<i>Hearing Aid Exam/Selection - Binaural</i>	92591	64.78
* CBRS - Professional EI - Indiv. - 15 min.	H0036HI	18.17	<i>Hearing Aid Check - Monaural</i>	92592	16.46
* CBRS - Professional EI - Group - 15 min.	H0036TL	10.48	<i>Hearing Aid Check - Binaural</i>	92593	24.88
* CBRS - Professional - Individual - 15 min.	H0036	10.39	<i>Electroacoustic Eval - Hearing Aid - Monaural</i>	92594	19.43
* CBRS - Professional - Group - 15 min.	H0036HQ	5.77	<i>Electroacoust. Eval - Hearing Aid - Binaural</i>	92595	27.16
* CBRS - Paraprofessional - Individual - 15 min.	H0036HM	5.59	<i>Evaluation of Oral & Pharyngeal Swallow Func.</i>	92610	116.07
* CBRS - Paraprofessional - Group - 15 min.	H0036U1	3.13	<i>Physical Therapy Evaluation</i>	97001	69.33
<i>Speech/Language Evaluation</i>	92506	117.91	<i>Physical Therapy Re-Evaluation</i>	97002	36.72
Treatment of Speech/Language; Individual	92507	75.00	<i>Occupational Therapy Evaluation</i>	97003	73.89
Treatment of Speech/Language, 2 or more	92508	31.40	<i>Occupational Therapy Re-Evaluation</i>	97004	44.38
Aural Rehab following Cochlear Implant	92510	124.89	Application of a Modality - Hot/Cold Pack	97010	4.06
Treatment of Swallowing Dysfunction	92526	74.88	Application of a Modality- Elec. Stim., 15 min.	97032	14.56
<i>Pure Tone Screening Test, Air Only</i>	92551	9.77	Therapeutic Procedure - each 15 min.	97110	25.65
<i>Pure Tone Audiometry Threshold - Air only</i>	92552	15.57	Neuromuscular Re-educ. Movement -15 min.	97112	26.99
<i>Pure Tone Audiometry - Air & Bone</i>	92553	23.36	Aquatic Therapy - 15 minutes	97113	29.29
<i>Speech Audiometry Threshold</i>	92555	13.58	Gait Training - 15 minutes	97116	22.62
<i>Speech Audiometry Threshold w/ Recognition</i>	92556	20.36	Massage - 15 minutes	97124	20.49
<i>Comprehensive Audiometry Threshold Evaluation</i>	92557	42.39	Manual Therapy Techniques-15 min.	97140	24.27
<i>Tympanometry</i>	92567	18.70	Prosthetic Training - 15 min.	97520	25.65
<i>Acoustic Reflex Testing</i>	92568	13.58	Therapeutic Activities.-15 minutes	97530	26.96
<i>Acoustic Reflex Decay Test</i>	92569	14.58	Sensory Integrative Techniques - 15 minutes	97533	24.06
<i>Visual Reinforcement Audiometry</i>	92579	25.69	Home Management/AT Instruction - 15 minutes	97535	27.42
<i>Conditioning Play Audiometry</i>	92582	25.69	Wheelchair Management/Training - 15 minutes	97542	25.76
<i>Select Picture Audiometry</i>	92583	31.48	<i>Checkout for Orthotic Use - Estab.Client - 15 min.</i>	97703	23.12
<i>Auditory Evoked Potentials</i>	92585	90.52	<i>Physical Performance Test - 15 min.</i>	97750	27.32
<i>Comprehensive/Diagnostic Otoacoustic Eval.</i>	92588	70.47	<i>Case Consultation & Education - per 15 minutes</i>	CCE	20.69
<i>Hearing Aid Exam/Selection - Monaural</i>	92590	46.64			

FORMULAS COMMONLY USED BY CAP/C CHILDREN

LIQUID Formulas*	cal conc	cal/can	mls/can	units/can	code**	unit rate**
Boost	30 cal/oz	240	237	2.4	B4150	0.69
Boost Breeze	not covered by Medicaid or CAP/C					
Boost High Protein	30 cal/oz	240	237	2.4	B4150	0.69
Boost Plus	45 cal/oz	360	237	3.6	B4152	0.57
Boost with Benefiber and FOS	1.01 cal/ml	240	237	2.4	B4150	0.69
Choice DM	0.93 cal/ml	100	325	1	B4154	1.25
Compleat	1.07 cal/ml	265	250	2.65	B4149	1.61
Compleat Pediatric	1 cal/ml	250	250	2.5	B4149	1.61
Enfamil	20 cal/oz	610	946	6.1	B4158	0.64
Enfamil AR LIPIL	20 cal/oz	610	946	6.1	B4158	0.64
Enfamil EnfaCare LIPIL	22 cal/oz	66	89	0.66	B4160	0.53
Enfamil Lactofree LIPIL	20 cal/oz	60	89	0.6	B4158	0.64
Enfamil Lactofree LIPIL	20 cal/oz	640	946	6.4	B4158	0.64
Enfamil LIPIL	20 cal/oz	250	250	2.5	B4158	0.64
Enfamil LIPIL Low Iron	20 cal/oz	610	946	6.1	B4158	0.64
Enfamil LIPIL with Iron	20 cal/oz	610	946	6.1	B4158	0.64
Enfamil Pregestimil 20 cal	20 cal/oz	60	89	0.6	B4161	1.83
Enfamil Pregestimil 24 cal	24 cal/oz	72	89	0.72	B4161	1.83
Enfamil Premature LIPIL low iron 20 Cal	20 cal/oz	60	89	0.6	B4160	0.54
Enfamil Premature LIPIL low iron 24 Cal	24 cal/oz	72	89	0.72	B4160	0.54
Enfamil Premature LIPIL with iron 20 cal	20 cal/oz	60	89	0.6	B4160	0.54
Enfamil Premature LIPIL with iron 24 cal	24 cal/oz	72	89	0.72	B4160	0.54
Enfamil ProSobee LIPIL	20 cal/oz	640	946	6.4	B4159	0.64
Ensure	1.06 cal/ml	250	237	2.5	B4150	0.69
Ensure Fiber with FOS	1.06 cal/ml	250	237	2.5	B4150	0.69
Ensure HP	1.06 cal/ml	250	237	2.5	B4150	0.69
Ensure Plus	1.5 cal/ml	360	237	3.6	B4152	0.57
Ensure Plus HN	1.5 cal/ml	355	237	3.55	B4152	0.57
Fibersource	1.2 cal/ml	300	250	3	B4150	0.69
Fibersource HN	1.2 cal/ml	300	250	3	B4150	0.69
Glucerna	0.93 cal/ml	220	237	2.2	B4154	1.15
Isocal	1.06 cal/ml	250	237	2.5	B4150	0.69
Isocal HN	1.06 cal/ml	250	237	2.5	B4150	0.69
Isocal HN Plus	1.2 cal/ml	280	237	2.8	B4150	0.69
Isomil Advance Soy Formual with Iron	20 cal/oz	160	237	1.6	B4159	0.63
Isosource	1.2 cal/ml	300	250	3	B4150	0.69

FORMULAS COMMONLY USED BY CAP/C CHILDREN

LIQUID Formulas*	cal conc	cal/can	mls/can	units/can	code**	unit rate**
Isosource 1.5	1.5 cal/ml	375	250	3.75	B4152	0.57
Isosource HN	1.2 cal/ml	300	250	3	B4150	0.69
Jevity 1 Cal	1 cal/ml	250	237	2.5	B4150	0.69
Jevity 1.2 Cal	1.2 cal/ml	285	237	2.85	B4150	0.69
Jevity 1.5 Cal	1.5 cal/ml	355	237	3.55	B4152	0.57
Kindercal	1.06 cal/ml	250	237	2.5	B4160	0.54
Kindercal TF	1.06 cal/ml	250	237	2.5	B4160	0.54
Kindercal TF with fiber	1.06 cal/ml	250	237	2.5	B4160	0.54
Kindercal with fiber	1.06 cal/ml	250	237	2.5	B4160	0.54
MCT Oil	7.7 cal/ml	3850	500	38.5	B4155	0.97
Microlipid	4.5 cal/ml	400	89	4	B4155	0.97
Nepro	2 cal/ml	475	237	4.75	B4154	1.25
Nutramigen LIPIL	20 cal/oz	640	946	6.4	B4161	1.83
Nutren 1.0	1 cal/ml	250	250	2.5	B4150	0.69
Nutren 1.0 with Fiber	1 cal/ml	250	250	2.5	B4150	0.69
Nutren 1.5	1.5 cal/ml	375	250	3.75	B4152	0.57
Nutren 2.0	2 cal/ml	500	250	5	B4152	0.57
Nutren Junior	1 cal/ml	250	250	2.5	B4160	0.54
Nutren Junior with Fiber	1 cal/ml	250	250	2.5	B4160	0.54
Osmolite 1 Cal	1 cal/ml	250	237	2.5	B4150	0.69
Osmolite 1.2 Cal	1.2 cal/ml	285	237	2.85	B4150	0.69
Osmolite 1.5 Cal	1.5 cal/ml	355	237	3.55	B4152	0.57
Pedialyte	not covered by Medicaid or CAP/C					
Pediasure	1 cal/ml	237	237	2.37	B4160	0.54
Pediasure with Fiber	1 cal/ml	237	237	2.37	B4160	0.54
Peptamen Junior	1 cal/ml	250	250	2.5	B4161	1.83
Peptinex	1 cal/ml	237	237	2.37	B4153	1.96
Polycose	2 cal/ml	248	124	2.48	B4155	0.97
Promote with Fiber	1cal/ml	237	237	2.37	B4150	0.69
Resource 2.0	2 cal/ml	475	237	4.75	B4152	0.57
Resource Benecalorie	7 cal/ml	330	45	3.3	B4155	0.97
Resource Just For Kids	1 cal/ml	237	237	2.37	B4160	0.54
Resource Just For Kids 1.5 Cal	1.5 cal/ml	355	237	3.55	B4160	0.54
Resource Just For Kids 1.5 Cal with Fiber	1.5 cal/ml	355	237	3.55	B4160	0.54
Resource Just For Kids with Fiber	1 cal/ml	237	237	2.37	B4160	0.54

FORMULAS COMMONLY USED BY CAP/C CHILDREN

LIQUID Formulas*	cal conc	cal/can	mls/can	units/can	code**	unit rate**
Similac Advance with Iron	20 cal/oz	610	946	6.1	B4158	0.63
Similac Alimentum Advance with Iron	20 cal/oz	610	946	6.1	B4161	1.83
Similac Lactose-Free Advance	20 cal/oz	640	946	6.4	B4158	0.64
Ultracal	1.06 cal/ml	250	237	2.5	B4150	0.69
Ultracal HN Plus	1.2 cal/ml	280	237	2.8	B4150	0.69
Vivonex Pediatric	0.8 cal/ml	200	250	2	B4161	1.83
Vivonex RTF	1 cal/ml	250	250	2.5	B4153	1.96

* All information about liquid formulas is based on ready-to-feed formula, not concentrate.

** Packaging/sizes of cans are changed frequently by manufacturers. Please verify the above information against your patient's actual can of formula.

*** Codes and unit rates change frequently. The information in this chart is effective as of 4/07. Please keep your information current.

You may access the list of formula codes at <http://www3.palmettogba.com/dmecs/do/search>.

You may access the fee schedule at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

Please contact DMA's HCI unit with any changes, corrections, or additions needed to the above list.

FORMULAS COMMONLY USED BY CAP/C CHILDREN

POWDER Formulas	cal conc	can size oz	can size gms	can yield oz	cal/can	units/can	code**	unit rate**
Carnation Good Start Supreme/Iron		12	340	78	1741	17.4	B4158	0.64
Carnation Good Start Supreme Soy DHA/ARA		25.7	728		3647	36.47	B4159	0.64
Duocal	*	14	400	***	1968	19.68	B4155	0.97
EleCare	20 cal/oz	14.1	400	95	1900	19	B4161	1.83
EleCare	30 cl/oz			64	1920	19.2	B4161	1.83
Enfacare LIPIL	22 cal/oz	12.9	366	82	1804	18.04	B4160	0.54
Enfamil AR LIPIL	20 cal/oz	12.9	366	93	1860	18.6	B4158	0.64
Enfamil Human Milk Fortifier			0.71 g		3.5	0.035	B4155	0.97
Enfamil Lactofree LIPIL	20 cal/oz	12.9	366	95	1900	19	B4158	0.64
Enfamil LIPIL with iron	20 cal/oz	12.9	366	94	1880	18.8	B4158	0.64
Enfamil Next Step LIPIL	20 cal/oz	12	341	86	1720	17.2	B4158	0.64
Enfamil Next Step LIPIL	20 cal/oz	24	681	172	3440	34.4	B4158	0.64
Enfamil Next Step Prosobee LIPIL	20 cal/oz	12	341	81	1620	16.2	B4159	0.64
Enfamil Next Step Prosobee LIPIL	20 cal/oz	24	681	161	3220	32.2	B4159	0.64
Enfamil Nutramigen LIPIL	20 cal/oz	16	454	113	2260	22.6	B4161	1.83
Enfamil Pregestimil	20 cal/oz	16	454	112	2240	22.4	B4161	1.83
Enfamil Prosobee	20 cal/oz	14.3	406	102	2040	20.4	B4159	0.64
Isomil	20 cal/oz	12.9	365	94	1880	18.8	B4159	0.64
Isomil	20 cal/oz	30	850	218	4360	43.6	B4159	0.64
Isomil	20 cal/oz	36	1020	262	5240	52.4	B4159	0.64
Isomil Advance	20 cal/oz	12.9	365	94	1880	18.8	B4159	0.64
Isomil Advance	20 cal/oz	25.7	728	187	3740	37.4	B4159	0.64
Isomil Advance	20 cal/oz	30.8	873	224	4480	44.8	B4159	0.64
Moducal	3.8 cal/g	13	368		1398	13.98	B4155	0.97
Neocate Junior unflavored	1 cal/ml	14	400		1840	18.4	B4161	1.83
Neocate One Plus	1 cal/ml	100 g/pkg	100	13.5	400	4	B4161	1.83
Polycose		12.3	350		1330	13.3	B4155	0.97
Portagen	30 cal/oz	16	454	70	2100	21	B4150 or B4158	0.69 0.64
ProMod	28 cal/6.6 g scoop	9.7	275	41 scoops/can	1148	11.48	B4155	0.97
Pro-Phree		14.1	400		2080	20.8	B4155	0.97
Resource Beneprotein	25 cal/7 gms	8		32 7g packets,scoops/can	800	8	B4155	0.97

FORMULAS COMMONLY USED BY CAP/C CHILDREN

POWDER Formulas	cal conc	can size oz	can size gms	can yield oz	cal/can	units/can	code**	unit rate**
Similac Advance	20 cal/oz	12.9	365	96	1920	19.2	B4158	0.64
Similac Advance	20 cal/oz	25.7	728	190	3800	38	B4158	0.64
Similac Advance	20 cal/oz	30.8	873	230	4600	46	B4158	0.64
Similac Alimentum Advance with Iron	20 cal/oz	16	454	115	2300	23	B4161	1.83
Similac Isomil 2 Advance	20 cal/oz	12.9	397	102	2040	20.4	B4159	0.64
Similac Lactose Free	20 cal/oz	12.9	365	95	1900	19	B4158	0.64
Similac Lactose Free	20 cal/oz	30	850	220	4400	44	B4158	0.64
Similac Low Iron	20 cal/oz	12.9	365	96	1920	19.2	B4150	0.69
Similac Neosure Advance	22 cal/oz	12.8	363	85	1870	18.7	B4160	0.54
Similac PM 60/40	20 cal/oz	16	454	116	2320	23.2	B4154	1.25
Similac with Iron	20 cal/oz	25.7	728	190	3800	38	B4150	0.69
Similac with Iron	20 cal/oz	30	850	223	4460	44.6	B4150	0.69
Similac with Iron	20 cal/oz	36	1020	268	5360	53.6	B4150	0.69
Similac with Iron	20 cal/oz	12.9	365	96	1920	19.2	B4150	0.69
Thick-It	not covered by Medicaid or CAP/C							

* Varies according to prescribed use.

** Packaging/sizes of cans are changed frequently by manufacturers. Please verify the above information against your patient's actual can of formula.

*** Codes and unit rates change frequently. The information in this chart is effective as of 4/07. Please keep your information current.

You may access the list of formula codes at <http://www3.palmettogba.com/dmecs/do/search>.

You may access the fee schedule at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

Please contact DMA's HCI unit with any changes, corrections, or additions needed to the above list.

MISCELLANEOUS REMINDERS AND INFORMATION

- ◆ For hospital level of care children, submit the following additional documentation: CMS-485, nurses' notes, and MAR (Medication Administration Record). Please be sure that the dates of all of these documents and the regular CNR documents correspond with one another. For example, if your CMS-485 is good for July and August, your nurses notes should be from dates in July or August, and your MAR should be that from July or August. *Refer to CAP/C Manual, 13.3.4 and 14.3.*
- ◆ NEVER give the parent a blank Plan of Care to sign, or make changes to the waiver services after it has been signed. As part of the CNR review, the consultants check the dates of the assessment and plan of care. If the plan of care is dated on or before the assessment date, expect to be questioned about it. *Refer to CAP/C Manual, 10-1H.*
- ◆ Helpful Hint: Kinesio Tape or Kinesio Tex Tape is code A6449 on the Home Health Fee Schedule.
- ◆ When requesting verbal approval for a short-term-intensive, make sure it will fit in the budget. Please request verbal approval only in emergency situations. *Refer to CAP/C Manual, 14.3.*
- ◆ We can not do verbal approvals for CNRs. If DMA is late in approving a CNR, you may, at the provider agency's request, give them a service authorization for one month at a time until the CNR is approved. *Refer to CAP/C Manual, 11.4.*
- ◆ We can not "pen and ink" changes to the waiver services on a cost summary. Any change in waiver service requires the parent's signature. Changes to non-waiver supplies and services can be "pen and ink-ed". *Refer to CAP/C Manual, 12.4.*
- ◆ Please THOROUGHLY complete referral forms, and please type or print legibly. Many are being sent in with blank spaces. The form contains limited information as it is, so requested information that is missing or unreadable makes it nearly impossible for us to make a decision and delays services for the patient.
- ◆ Please remember to verify private insurance at least annually during the CNR. Obtain as much information as you can regarding deductibles, copays, and covered/noncovered items. See if there is a case manager at the insurance company that you can contact to check coverage or discuss issues with the cost summary.
- ◆ The CAP effective date is the latest of the following dates: the date the FL-2 was approved, the date of the Medicaid application, or the date of deinstitutionalization. It is NOT the date that DMA approves the initial. The CAP effective date is when billing starts for that patient. This is done to allow you to claim your case management time for the assessment, etc. But it also means that equipment purchased after the CAP effective date counts on the budget. Please be sure to ask about any equipment that has been ordered but not yet delivered – as this needs to be captured in the budget. *Refer to CAP/C Manual, 6.2.4 and 7.1.4.*
- ◆ Just as you multiply a weekly visit by 4.3 to get a monthly total, a visit that occurs every two weeks would be multiplied by 2.15.
- ◆ Items paid for with Assistive Technology funds go in the "other" column.
- ◆ As you submit CNRs and initials, please remember to adhere to the program guidelines in section 7.6.1 of the CAP/C Manual.
- ◆ Please check the website to be sure you are using the most up-to-date forms. The website is <http://www.dhhs.state.nc.us/dma/forms.html>.
- ◆ Please make sure that the child's name and MID number are on every page of the referral, the assessment and the plan of care, even the blank pages. Blank pages should be submitted, as they are part of the legal document.
- ◆ When there are issues with guardianship, foster care, temporary custody, etc., please verify with the DSS who has the legal right to sign for the child.
- ◆ Please remember to update us monthly on the status of any wait list in your county. Send the number of people on the wait list, the number removed from the list the prior month, the number added to the list in the prior month, and the estimated length of time it will take until the last person on the wait list is served. This is due on the 5th of each month. Please fax it to 919 715 9025. *Refer to CAP/C Manual, 3.2.7.*

- ◆ As case managers, it is your responsibility to coordinate and prevent duplication of services. Having respiratory therapy visits on a daily basis when nursing is also in there is usually a duplication of services. CAP/C however, cannot deny respiratory therapy services, because therapy is not a CAP/C service. We must rely on you as the case manager to address this situation as it arises. Educating the physician about potential duplication of services between the nurse and the respiratory therapist is helpful. *Refer to CAP/C Manual, 1.5, 4.4.*
- ◆ Spanish translations of the signature pages of the Plan of Care (sections G and H) are now available on the web at <http://www.dhhs.state.nc.us/dma/forms.html>.
- ◆ Putting wheelchairs on the cost summary:
 1. Obtain the quote from the DME company.
 2. If any of the codes listed on the quote are the miscellaneous wheelchair component K0108 code, ask the DME company for the “W” code that goes with it.
 3. Remember that the prices listed on the quote are not the prices that Medicaid will pay.
 4. Look up each code on your fee schedule and determine the Medicaid price for that item.
 5. (This is the changed part.) On your cost summary, place either A) the price on the Medicaid fee schedule OR B) the lesser of the price on the fee schedule and the price quoted by the DME company. (Although we would normally advise you to use the lesser of the two costs, we have found that as far as wheelchair components, there is ultimately little difference in overall cost, and allowing you this new option will hopefully make this process at least a little easier for you.)
 6. An item that has a Medicaid code will be paid for by Medicaid. An item that has only a miscellaneous code. without the accompanying W code, will be billed to Medicaid. Medicaid may or may not pay it (they usually do). If Medicaid does not pay it, CSHS pays it and the cost of that item would go in the “other” column.
 7. Enclose a copy of the quote with your plan of care when you submit it to DMA.
 8. The wheelchair must be listed on your cost summary as separate components, as they are listed on the quote. Please do not put just a lump sum on your cost summary.

SCHOOLS, CAP/C, AND MEDICAID

◆ We have received confirmation from the Medicaid Consultants at the Department of Public Instruction (DPI) that, per school regulations, ***nursing or therapy services received as part of the child's IEP must be provided at no cost to the student or family.*** For students with a CAP/C waiver, getting reimbursement for Medicaid services provided at school would not be providing a free and appropriate education (FAPE) because the service would create a cost to the family by using part of their CAP/C budget. DPI is communicating this policy down to the level of each school system. Please make sure that the parents of your CAP/C children inform the school system that their child is on CAP/C. As an additional safeguard, you may offer the Exceptional Children Director a list of all CAP/C recipients. Contact information for the Exceptional Children Directors can be found on the web at www.ncpublicschools.org/ec. If you, the school, or the local school system has any questions or problems, they can contact Laurie Ray, 919 636 1827, laurie_ray@med.unc.edu (eastern ½ of the state; Central, NE and SE regions) or Jane Rourke, 919 843 4466, jane_rourke@med.unc.edu (western ½ of the state Western, NW and SW regions).

◆ School systems are allowed to bill regular Medicaid if the child has it and receives services in the school through the IEP. To bill Medicaid, the service would have to be medically necessary, not just educational. It is up to each local school system to decide whether, as a school system, they want to bill Medicaid for reimbursement or not. In order to bill Medicaid for reimbursement, the parent needs to sign a consent form to release that student's personally identifiable information. Again, this is for regular Medicaid, in which there is no budget limit. Since CAP/C has a budget limit, school systems should not get Medicaid reimbursement for these students as it creates a cost to the CAP/C recipients.

The North Carolina Department of Public Instruction, Division of Exceptional Children's Services is advising that schools not bill Medicaid for reimbursement when the recipient's Medicaid identification card indicates the existence of third party insurance coverage. This will ensure that schools remain in compliance with IDEA requirements. If the school obtains evidence that the existing health insurance does not cover IEP required health services, Medicaid may be billed for those services (except for CAP/C recipients). We are advised that school systems generally do not bill private insurance.

◆ Equipment used in the school that is also needed at home can travel with the child, as long as the equipment is available each day for school use and is consistently in good working condition. If the equipment is only used in the school setting, then it is the school's responsibility. Neither Medicaid nor CAP/C will pay for duplicate items solely for the reason that one may be kept at school and the other at home.

◆ A 504 is different from an IEP, and it is not an appeal of, or a different avenue to obtain something not granted by the IEP. A 504 is a plan for accommodating a child to access their education by making modifications to the school building, providing adapted equipment, planning for evacuations, or providing special training for school personnel. If a child receives therapy only 1 time per week through the IEP, and the parent really wanted the therapy two times per week, a 504 is not a way to access extra therapy. 504s are not funded and are mandated by the Americans with Disabilities Act, not IDEA.

COMMUNITY ALTERNATIVES PROGRAM FOR CHILDREN (CAP/C)
 REVIEW CRITERIA FOR CAP/C **INITIAL** ASSESSMENT/PLAN OF CARE

THIS SECTION...	REVIEWED FOR THIS INFORMATION.	✓
Referral	There was a referral that was approved for assessment.	
FL-2	Initial received by DMA within 60 days of date of FL-2 approval.	
Assessment	Medicaid application date and/or deadline date indicated.	
Assessment	All pages intact, with patient name and MID number on each page	
Assessment 1	Information on assessment matches information in Medicaid computer system; case manager instructs family to notify their caseworker of any changes in address, insurance, etc.; if discrepancy is found, consultant will notify case manager who should follow-up with family and/or caseworker.	
Assessment 1 POC B	If health insurance indicated, health insurance reflected on POC cost summary or discrepancy addressed	
Assessment 2	Prior approval information verified in Medicaid computer system; if discrepancy found, case manager is notified to make correction.	
Assessment 3	Information is complete.	
Assessment 4	There is complete information for at least one out-of-household emergency contact.	
Assessment 5A FL-2 CMS 485 if applicable	Diagnoses match or discrepancies are noted and addressed and there is a comment as to how it was addressed and what the result was.	
Assessment 5A	There is an outcome/current effect for each diagnosis listed	
Assessment 5A	If there are compliance problems, there is a plan for promoting compliance	
Assessment 5B	There is an outcome/current effect for each item listed	
Assessment 5C POC B	List of current and new services corresponds to POC	
Assessment 5C	Level of staff providing care in school roughly corresponds to level of staff being requested from CAP/C	
Assessment 5D FL-2 CMS 485 if applicable	Medications match exactly, or discrepancies are noted and addressed and there is a comment as to how they were addressed and what the results were.	
Assessment 5D	Information is complete	
Assessment 5E FL-2 CMS 485 if applicable	Height, weight, and diet match FL-2 or discrepancy is addressed	
Assessment 5E	MD aware of inappropriate height or weight changes	
Assessment 5E FL-2 CMS 485 if applicable POC B	Type of feeding matches FL-2 and amount of formula ordered on POC corresponds to amount needed per order, or discrepancies noted and addressed	
Assessment 5F FL-2	Information corresponds to FL-2 or discrepancy is noted addressed	
Assessment 5G FL-2	Ratings for speech, vision, hearing, and method of communication correspond to FL-2 or discrepancy is addressed	
Assessment 5G	Ratings for speech, vision, hearing, and method of communication correspond to definitions/instructions in manual.	
Assessment 5G	Rating for overall impairment corresponds to individual ratings for vision, speech, hearing	
Assessment 5G	Comments are provided for any items rated moderate or severe	
Assessment 5G	If primary method of communication is none, method by which needs are met is stated	
Assessment 5H FL-2	Information corresponds to FL-2 or discrepancy is noted and addressed	
Assessment 5H POC	Number of diapers used corresponds to number of diapers ordered on POC if age 2 or greater.	
Assessment 5H	Reason for excessive number of diapers (>10 per day) is stated	
Assessment 5I FL-2	Information corresponds to FL-2 or discrepancy is noted and addressed	
Assessment 5I Nurses notes	Stated frequency of suctioning or other interventions supported by nursing documentation or discrepancy is noted and addressed	

COMMUNITY ALTERNATIVES PROGRAM FOR CHILDREN (CAP/C)
REVIEW CRITERIA FOR CAP/C **INITIAL** ASSESSMENT/PLAN OF CARE

THIS SECTION...	REVIEWED FOR THIS INFORMATION.	✓
Assessment 5J FL-2	Information corresponds to FL-2 or discrepancy is noted and addressed	
Assessment 5J	Information is complete	
Assessment 5K	Pt's needs support his/her level of care	
Assessment 5K POC D	There is appropriate care being performed during the hours that the in-home-staff are there.	
Assessment 5L	Rating corresponds to remainder of assessment data.	
Assessment 6	Information corresponds to FL-2 or discrepancy is noted and addressed	
Assessment 6	There are specific unmet needs of the child that will be met by CAP/C participation.	
Assessment 6 POC B	Equipment not marked as owned is indicated on the cost summary	
Assessment 6	Equipment identified as needed has a plan for meeting the need.	
Assessment 7	All questions answered	
Assessment 7C	Informal support accurately rated and insufficient support explained.	
Assessment 7	Health, safety, and well-being issues identified and addressed appropriately.	
Assessment 8	There is a home environment assessment for each home in which the client receives care.	
Assessment 8	All items rated minor problem or inadequate have explanation and plan for fixing.	
Assessment 9	All items answered.	
Assessment 9C	Plan in place for obtaining items or services the client does without.	
Assessment 10	Assessment gives picture of overall psychosocial/cognitive/behavioral/developmental functioning of client.	
Assessment 12	Appropriate signatures, dates, and sections completed.	
POC	All pages intact, with patient name and MID number on each page	
POC A	Appropriate interventions checked.	
POC B	All codes correct, including dual-coded items (except therapies – see below)	
POC B	All unit rates correct (except therapies – see below)	
POC B	All mathematic calculations correct	
POC B	From/to dates for capped or pro-rated services are indicated and are correct.	
POC B	Quantities or frequencies of items do not exceed limitations or there is documentation of override.	
POC B	Information regarding insurance payment of staff, DME, and therapies is provided.	
POC B	No diapers are listed for children less than 2-3 years of age.	
POC B	Supplies are appropriate to care needs and/or irregularities are explained.	
POC B	Therapy services are coded correctly, with the correct unit rate, and placed under the correct budget – Medicaid or other.	
POC	Quotes are included as needed for home modifications, wheelchairs, CSHS equipment.	
POC B	Total budget for level of care is not exceeded.	
POC C	All informal support persons are listed.	
POC C	Specific times are listed for caregivers' work hours and availability.	
POC D	24 hours are accounted for each day	
POC D and B	The number of hours of CAP/C care corresponds to the number of hours on the cost summary.	
POC D and C	The times of CAP/C care correspond to the availability of the caregivers.	
POC D	The number of hours requested is within the guidelines stated in the manual or there is documentation that an exception was made.	
POC D	Alternate schedule is included as needed.	
POC G	Appropriate signatures and dates obtained	
POC H	Appropriate signatures and dates obtained.	
Physicians request form	Present and complete for SC/N and HC clients	

COMMUNITY ALTERNATIVES PROGRAM FOR CHILDREN (CAP/C)
 REVIEW CRITERIA FOR CAP/C **CONTINUED NEEDS REVIEW (CNR)**

THIS SECTION ...	REVIEWED FOR THIS INFORMATION.	✓
FL-2	Received at DMA within 60 days of date of FL-2 approval (or MD signature if not called into EDS) or new FL2 must be obtained	
Assessment	All pages intact, with patient name and MID number on each page	
Assessment	The child's name is listed exactly as it appears on the Medicaid card or application	
Assessment	Submitted by correct due date or DMA was notified prior to due date of reason for late submission	
Assessment 1	Information on assessment matches information in Medicaid computer system ; case manager instructs family to notify their caseworker of any changes in address, insurance, etc; if discrepancy is found, consultant will notify case manager who should follow-up with family and/or caseworker	
Assessment 1 POC B	If health insurance indicated, health insurance reflected on POC cost summary or discrepancy noted and addressed	
Assessment 2	Prior approval information verified in Medicaid computer system; if discrepancy found, case manager notified to make correction	
	CAP indicator code verified in Medicaid computer system; if discrepancy found, case manager notified to make correction	
Assessment 3	Information is complete.	
Assessment 4	There is complete information for at least one out-of-household emergency contact	
Assessment 5A FL-2 CMS 485 if applicable	Diagnoses match exactly or discrepancies are noted and addressed and there is a comment as to how they were addressed and what the result was.	
Assessment 5A	There is an outcome/current effect for each diagnosis listed	
Assessment 5A	If there are compliance problems, there is a reason and a plan for promoting compliance noted	
Assessment 5B	There is an outcome/current effect for each item listed	
Assessment 5C most recent POC	List of current services corresponds to most recent POC	
Assessment 5C POC B	List of current and new services corresponds to CNR POC	
Assessment 5C	Level of staff providing care in school roughly corresponds to level of staff being authorized by CAP/C.	
Assessment 5D FL-2 CMS 485 if applicable	Medications match exactly or discrepancies are noted and addressed and there is a comment as to how they were addressed and what the result was	
Assessment 5D	Information is complete	
Assessment 5E FL-2 CMS 485 if applicable	Height, weight, and diet match FL-2 or discrepancy is addressed	
Assessment 5E	MD aware of inappropriate height or weight changes	
Assessment 5E FL-2 CMS 485 if applicable POC B	Type of feeding matches FL-2 and amount of formula ordered on POC corresponds to amount needed per order, or discrepancies noted and addressed	
Assessment 5E	If there are compliance problems, there is a reason and a plan for promoting compliance noted	
Assessment 5F FL-2	Information corresponds to FL-2 or discrepancy is noted and addressed	
Assessment 5G FL-2	Ratings for speech, vision, hearing, and method of communication correspond to FL-2 or discrepancy is noted and addressed	
Assessment 5G	Ratings for vision, speech, hearing, and overall communication ability correspond with definitions/instructions in manual	
Assessment 5G	Comments are provided for any items rated moderate or severe	
Assessment 5G	If primary method of communication is none, method by which needs are met is stated	
Assessment 5H FL-2	Information corresponds to FL-2 or discrepancy is noted and addressed	

COMMUNITY ALTERNATIVES PROGRAM FOR CHILDREN (CAP/C)
 REVIEW CRITERIA FOR CAP/C **CONTINUED NEEDS REVIEW (CNR)**

THIS SECTION ...	REVIEWED FOR THIS INFORMATION.	✓
Assessment 5H POC	Number of diapers used corresponds to number of diapers ordered on POC if age 2 or greater.	
Assessment 5H	Reason for excessive number of diapers (>10 per day) is stated	
Assessment 5I FL-2	Information corresponds to FL-2 or discrepancy is noted and addressed	
Assessment 5I Nurses notes	Stated frequency of suctioning or other interventions supported by nursing documentation or discrepancy is noted and addressed	
Assessment 5J FL-2	Information corresponds to FL-2 or discrepancy is noted and addressed	
Assessment 5J	Information is complete	
Assessment 5K	Pt's needs support his/her level of care	
Assessment 5K POC D	There is appropriate care being performed during the hours that the in-home-staff are there.	
Assessment 5L	Rating corresponds to remainder of assessment data.	
Assessment 6	Information corresponds to FL-2 or discrepancy is noted and addressed	
Assessment 6	CAP/C staff are involved in providing needed ADLs	
Assessment 6	Needs are totally met, or if not, there are reasons stated and a plan in place	
Assessment 6 POC B	Equipment not marked as owned is indicated on the cost summary	
Assessment 6	Equipment identified as needed has a plan for meeting the need.	
Assessment 6	Equipment changes are noted and addressed.	
Assessment 7	All questions answered	
Assessment 7C	Informal support accurately rated and insufficient support explained.	
Assessment 7	Health, safety, and well-being issues identified and addressed appropriately.	
Assessment 8	There is a home environment assessment for each home in which the client receives care.	
Assessment 8	All items rated minor problem or inadequate have explanation and plan for fixing.	
Assessment 9	All items answered.	
Assessment 9C	Plan in place for obtaining items or services the client does without.	
Assessment 10	Assessment gives picture of overall psychosocial/cognitive/behavioral/developmental functioning of client.	
Assessment 12	Appropriate signatures, dates, and sections completed.	
POC	All pages intact, with patient name and MID number on each page	
POC A	Appropriate interventions checked.	
POC B	All codes correct, including dual-coded items (except therapies – see below)	
POC B	All unit rates correct and current (except therapies – see below)	
POC B	All mathematic calculations correct	
POC B	From/to dates for capped or pro-rated services are indicated and are correct.	
POC B	Quantities or frequencies of items do not exceed limitations or there is documentation of override.	
POC B	Information regarding insurance payment of staff, DME, and therapies is provided.	
POC B	No diapers are listed for children under 2-3 years of age.	
POC B	Supplies are appropriate to care needs and/or irregularities are explained.	
POC B	Therapy services are coded correctly, with the correct unit rate, and placed under the correct budget – Medicaid or other.	
POC	Quotes are included as needed for home modifications, wheelchairs, CSHS equipment.	
POC B	Cost summary corresponds to claims information in Medicaid computer system; consultant will notify case manager of discrepancies so case manager can address.	
POC B	Total budget for level of care is not exceeded.	
POC C	All informal support persons are listed.	
POC C	Specific times are listed for caregivers' work hours and availability.	
POC D	24 hours are accounted for each day	
POC D and B	The number of hours of CAP/C care corresponds to the number of hours on the	

COMMUNITY ALTERNATIVES PROGRAM FOR CHILDREN (CAP/C)
 REVIEW CRITERIA FOR CAP/C **CONTINUED NEEDS REVIEW (CNR)**

THIS SECTION ...	REVIEWED FOR THIS INFORMATION.	✓
	cost summary.	
POC D and C	The times of CAP/C care correspond to the availability of the caregivers.	
POC D	The number of hours requested is within the guidelines stated in the manual or there is documentation that an exception was made.	
POC D	Alternate schedule is included as needed.	
POC G	Appropriate signatures and dates obtained	
POC H	Appropriate signatures and dates obtained.	
Nurses notes CMS-485 MAR	For HC level, notes, 485 and MAR received.	
Physicians request form	For SC/N and HC clients, physician request form completed.	

THIS SECTION...	REVIEWED FOR THIS INFORMATION	✓
	Revision received by DMA within 30 days of effective date.	
Assessment 1, 3, and 4 if applicable	Demographic information updated/corrected and complete if applicable.	
Assessment 8 if applicable	There is a home environment assessment for each home in which the client receives care, if applicable.	
Assessment 8 if applicable	All items rated minor problem or inadequate have explanation and plan for fixing, if applicable.	
POC	Correct level of care is indicated.	
POC	All pages intact, with patient name and MID number on each page	
POC A	Appropriate interventions checked.	
POC B	All codes correct, including dual-coded items (except therapies – see below)	
POC B	All unit rates correct (except therapies – see below)	
POC B	All mathematic calculations correct	
POC B	From/to dates for capped or pro-rated services are indicated and are correct.	
POC B	Quantities or frequencies of items do not exceed limitations or there is documentation of override.	
POC B	Information regarding insurance payment of staff, DME, and therapies is provided.	
POC B	No diapers are listed for children less than 2-3 years of age.	
POC B	If supplies are changed, they are appropriate to care needs and/or irregularities are explained.	
POC B	Therapy services are coded correctly, with the correct unit rate, and placed under the correct budget – Medicaid or other.	
POC	Quotes are included as needed for home modifications, wheelchairs, CSHS equipment.	
POC B	Total budget for level of care is not exceeded.	
POC C	Specific times are listed for caregivers' work hours and availability.	
POC D	24 hours are accounted for each day	
POC D and B	The number of hours of CAP/C care corresponds to the number of hours on the cost summary.	
POC D and C	If hours or schedule was changed, the times of CAP/C care correspond to the availability of the caregivers.	
POC D	If hours or schedule was changed, the number of hours requested is within the guidelines stated in the manual or there is documentation that an exception was made.	
POC D	Alternate schedule is included as needed.	
POC E	The reason for the change is identified and is appropriate.	
POC G	Appropriate signatures and dates obtained	

SAMPLE CONTENT AND DOCUMENTATION OF CAP/C HOME/TELEPHONE VISIT

Patient Name:

MID number:

Date

Time Started Time Ended Total Minutes billed

Persons Present:

Medicaid card verified

private insurance info checked/updated

update in child's health or care needs

hospitalizations, ER visits, doctors' appointments

acute illnesses: reason and results

changes in medications/diet/other new orders

has condition improved/maintained/declined

therapies: changes, progress made

upcoming studies/appointments

new diagnoses, new treatments

update in caregiver availability or informal support system

changes to caregiver work or school schedule

changes to child's school schedule

addition or subtraction of members of household

changes in informal support system

changes in legal guardian, caregivers, custody arrangements

changes in family's health or needs

do family/caregivers have need for training

equipment/supplies/orthotics

Has anything new been obtained?

Are quantities of current supplies sufficient?

Is anything new needed?

Any problems with supply companies?

staffing issues

concerns with any staff? with agency?

attendance issues?

unstaffed hours?

upcoming change in need for staff?

Other notes:

Child/Caregiver agrees to:

Case Manager agrees to:

You are not limited to the items on this list. You should discuss and document anything appropriate to the family's needs.